

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation AMERICA NEXT INC		3. FEC Identification Number C C90015439
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO BOX 320966		
(c) City, State and ZIP Code ALEXANDRIA VA 22320		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☐ 24-Hour Report
☒ October 15 Quarterly Report ☐ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☐ No ☒ Yes, it amends the report filed on

M M M	D D D	Y Y Y Y Y Y Y
11	24	2015

5. COVERING PERIOD:

FROM	M M M	D D D	Y Y Y Y Y Y Y
	07	01	2015
THROUGH	M M M	D D D	Y Y Y Y Y Y Y
	09	30	2015

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	392648.86

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

JIM FAIRCLOTH

SIGNATURE

JIM FAIRCLOTH

DATE

[Electronically Filed]

01/20/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: F5A
Transaction ID :

This report is complete as filed. America Next had no contributions requiring disclosure during this reporting period.

Form/Schedule:
Transaction ID:

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

AMERICA NEXT INC

Full Name (Last, First, Middle Initial) of Payee
ONMESSAGE INC.

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 14 / 2015

Mailing Address 705 Melvin Ave #105

Amount

City State Zip Code
Annapolis MD 21401

3725.00

Transaction ID : F57.4099

Purpose of Expenditure
Television Ad PlacementCategory/
Type 004Office Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BOBBY JINDALCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 3725.00Disbursement For: ☒ Primary ☐ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
ONMESSAGE INC.

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 15 / 2015

Mailing Address 705 Melvin Ave #105

Amount

City State Zip Code
Annapolis MD 21401

376907.00

Transaction ID : F57.4102

Purpose of Expenditure
Television Ad PlacementCategory/
Type 004Office Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BOBBY JINDALCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 380632.00Disbursement For: ☒ Primary ☐ General
2016
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
ONMESSAGE INC.

Date of Public Distribution/Dissemination

MM / DD / YYYY
07 / 15 / 2015

Mailing Address 705 Melvin Ave #105

Amount

City State Zip Code
Annapolis MD 21401

12016.86

Transaction ID : F57.4104

Purpose of Expenditure
Television Ad ProductionCategory/
Type 004Office Sought: ☐ House State: IA
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
BOBBY JINDALCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 392648.86Disbursement For: ☒ Primary ☐ General
2016
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 392648.86

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 392648.86
(carry total from last page forward to Line 7)